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SOME UNNECESSARY CAUSES OF IMPAIRED VISION.

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It is already several years since Professor Donders unhesitatingly declared that a near-sighted eye was a diseased one. His studies of refraction and accommodation are now, so to speak, the classical literature of this specialty. It is the duty of all ophthalmic surgeons to render them of service to the communities in which they live, by continually bringing before their professional brethren the necessity and value of a thorough scientific investigation of the refractive condition of every eye not perfectly normal. For it is in this way alone the laity can be brought to recognize the need of applying to the professional specialist, to have errors of refraction or accommodation corrected by the means modern science has placed within our reach. This seems so self evident that it might at first sight be regarded as needlessly said; but how many people here in New England, either of their own accord or perhaps directed by their family physician, purchase spectacles at the village clockmaker's, the village toy-shop, or of the travelling pedlar and the peripatetic quack oculist! Naturally it will be a long time before our community learns that it is not a necessary part of every watchmaker or repairer's business to keep on hand and sell spectacles, which, according to his degree of honesty or "brass," he advertises as "helps to read," or "restorers of sight," &c. The amount of injury done by this special form of quackery is not generally known, but abundantly proved by the daily records of the eye infirmaries of our larger cities. Oculist and optician are regarded as synonymous terms by nearly all classes of the community, and ophthalmic surgeons fail in their duty if they do not teach their medical brethren and through them the community that an ophthalmic surgeon alone can make a pro-

per and correct examination of the human eye and decide what glass, and whether any, should be worn by the patient, and the *optician's* business is confined entirely to preparing and setting in a proper frame the glass directed by the former; exactly as an apothecary compounds and puts up the medicine prescribed by the physician. An honest and intelligent optician would no more think of substituting another for the glass written for by the surgeon, than the druggist would of altering the physician's prescription. Now we do not suppose that any amount of teaching or explanation will ever prevent a certain class of the community from applying to those who sell spectacles and allowing them to choose for them, any more than we suppose that apothecaries and druggists will cease to be applied to for "something good for summer complaint," "a cold," "children's fits" or "liver complaint," or cease to sell the applicant the last quack compound. But that apothecaries *should* prescribe quack medicines we do not admit, any more than that watchmakers and jewellers, as a class, know anything about physiological optics or are competent to select proper spectacles for those applying to them. Moreover, we would unreservedly say from others' as well as our own personal experience, that the community would *save money* by first applying to the ophthalmic surgeon, and where that cannot be done, to the charitable eye infirmaries now established in our larger cities.

If the condition of things is such, as will be seen from what follows, in the land of Graefe, Arlt and Jäger, what is it likely to be in our country, where German scientific culture, its adherents and promulgators, are so commonly ignored, if not positively disbelieved, by the *family doctor*? So far as relates to the amount of light, the public schools of this city in particular, and of New England in general, are perhaps free from the evils to be spoken of. This is not, however, the case with the private schools which have increased in number so rapidly within the last few years. School committees look after the former; but no

one but *convenience*, and now and then an intelligent parent, after the latter. The public schools in this very city are, however, not free from defects that should be remedied, as we shall see further on.

The results of the investigation of the ophthalmic diseases of school children have appeared from James Ware, in Chelsea, England, in 1812; the authorities of Grand Duchy Baden, 1840; Szokalski, 1848, Paris; Jäger, 1861, Vienna; and Rüte, 1865, Leipzig. Beger, in Saxony, has also studied the development and increase of myopia, and Farhner, in the *Wien. Jahrbucher Kinderkrankheiten*, 1863, vi. 3. But scientific research in this direction has lately been followed out so thoroughly and with such important results, as to merit the attention of every one connected with the education of the young, as well as the special interest of the ophthalmic surgeon. Vide also Guillame, Nuenburg, *Hygiène*, v. ii., Genève, 1860, and Coccius, *Der Mechanismus der Accommodation des menschlichen Auges*, Leipzig, 1868, p. 67.

Dr. Cohn, of Breslau, has recently carefully examined the refractive condition of the eyes of 10,060 children in the lower, middle and upper schools of Breslau and other places in Silesia. Besides this, he has examined 410 of the 964 students at the Breslau University in the winter of 1866-67, and from his publications of the first at Leipzig, 1867, the second in the *Berliner Klinische Wuchenschrift*, 1867, No. 50, we gather the following results. We should premise by saying that Dr. Cohn was induced to undertake the task from finding, whilst at work on the statistics of some fifteen thousand patients of Prof. Förster's clinic, that out of the 750 near-sighted people who presented themselves within four years, 400 had applied on account of severe trouble dependent on myopia. Desirous of finding whether the refractive and other troubles of the eye were not induced by inadequate and improper light, badly arranged and badly planned school-desks, &c., he first examined the schools in Breslau, and, to avoid errors, afterwards those of other places in Silesia, not content till his lists contained over 10,000 records. His example is fortunately now being followed by competent observers in various parts of Germany.

Dr. Cohn chose five village schools in Langenbielau, with 1486 scholars, and 28 city schools in Breslau, with 8574 scholars; of these latter, 20 were *elementary*, 2 *intermediate*, 2 girls' *high*, 2 where languages and science were taught (*Realschule*), and

2 *gymnasiums*. Among the ten thousand children, he found 1730 with defective vision, making 17.1 per cent., the average number increasing with the degree of demand upon the eyes at school. In the city schools there were four times as many children with defective vision as in the country. With regard to sex, boys 18.8 and girls 14.3 per cent. The relation of defective vision to abnormal refraction is shown by the following table:—

Normal eyes,	8330 = 83.
Abnormal refraction,	1334 = 13.
Other affections,	296 = 4.
	<hr/> 10,060 = 100.

Thus showing three times as many cases of abnormal refraction as other ophthalmic troubles in youth.

- Of these abnormal refractions,
- 1004 were near-sighted.
- 10 myopes (parents also).
- 58 myopes (after previous disease of eye).
- 81 hypermetropic.
- 158 hypermetropic, with convergent squint.
- 23 astigmatic.

Hence we have myopia 12 times more frequent than hypermetropia, and 6 to 7 times more frequent than hypermetropia with convergent squint.

The following are deductions from his data in reference to near-sightedness.

1st. No school was without myopic scholars. 2d. The number varied greatly in the different schools. 3d. In the village schools very few (1.4 per cent.). 4th. In city schools eight times as many (11.4 per cent.). 5th. In the city elementary schools 4 to 5 times as many as in village (6.7 per cent.). 6th. Girls' high school more than the elementary (7.7 per cent.). 7th. In the city schools there is a steady increase of the number of myopes from the lower to the upper (elementary 6.7 per cent., middle 10.3 per cent., real 19.7 per cent., gymnasiums, 26.2 per cent.). 8th. In the middle one tenth and more, in the *Real* one fifth, and in the gymnasiums more than one fourth of the children are near-sighted. 9th. The number of myopes varies in the number of different village schools, never more than 2.4 per cent. (varying from 0.8 to 3.2 per cent.). 10th. In the several middle schools the number of myopes varies scarcely 3 per cent., in the *Real* scarcely 2 per cent., in the gymnasiums not 4 per cent. 11th. In the girls' high school, however, the difference in number of my-

opes varies 7 per cent. 12th. This difference varies most in the elementary schools, from 1.8 to 15.1 per cent.

Let us follow now these young persons as they grow older. As we said above, Dr. Cohn examined 410 of the 964 students at the Breslau University, without selection, however. Among these 410 not *one third* had normal eyes, and nearly *two thirds* were short-sighted. His data showed myopia to be the most frequent affection of the eye among students, and that it increased with the age, and number of terms of student life. The following table gives the average degree of myopia at the different schools, showing how steadily it increases. (The denominator of the fraction represents the focus of the concave glass required to correct the near-sightedness.)

In 5 village schools,	M. $\frac{1}{24}$.
" 22 elementary "	M. $\frac{1}{22}$.
" 2 middle "	M. $\frac{1}{21}$.
" 2 real "	M. $\frac{1}{18}$.
" 2 gymnasiums,	M. $\frac{1}{15}$.
" 2 prima	M. $\frac{1}{14}$.
Among the students,	M. $\frac{1}{11}$.

The relation of myopia to *staphyloma posticum*, or bulging of the posterior pole of the eyeball, is shown by the following, and confirms Prof. Donders's views above expressed. Of the 1004 myopic children, 200 had *staphyloma posticum*, the number increasing with the age. The greater the degree of myopia the more frequent is staphyloma, as this table shows:—

M. $\frac{1}{15}$ - $\frac{1}{24}$:	3	staphyloma posticum.
M. $\frac{1}{24}$ - $\frac{1}{16}$:	17	" "
M. $\frac{1}{16}$ - $\frac{1}{12}$:	48	" "
M. $\frac{1}{12}$ - $\frac{1}{8}$:	65	" "
M. $\frac{1}{8}$:	71	" "
M. $\frac{1}{4}$:	100	" "

Yet exceptional cases occur, such as M. $\frac{1}{16}$ with staphyloma, and, on the other hand, M. $\frac{1}{4}$ without it. M. $\frac{1}{4}$ was always accompanied with staphyloma.

With regard to heritability, 24 boys and 4 girls = 28, had father or mother near-sighted—the mother 11, the father 17 times. The mother's myopia seems to affect the daughters, the father's the sons. From this it would seem that myopia is by no means so hereditary as it has been thought.

These data led Dr. Cohn to endeavor to ascertain what there was in the schools which originated or increased near-sightedness. He had taken the bodily measurement of these 10,060 children, and measured in comparison the school desks and seats, from which he found that all school furniture was badly constructed, so as to readily in-

duce or increase myopia. From the furniture not being adapted to the body of the children, they are obliged to bend the head over forward, thereby hindering the return of the blood from the eye, and keep the print so near (3 to 4 inches) as to too greatly task the power of accommodation. Both of these, as we know, induce near-sightedness. Inadequate light and misplaced windows Dr. Cohn found greatly affecting the amount of myopia amongst the pupils of the school, as also inadequate and badly arranged artificial light where used.

Let us see now how it is with the spectacles of these near-sighted youths of both sexes, even in the land from which almost all our knowledge of refraction and accommodation of the human eye comes. Dr. Cohn found only 107 wearing glasses. Of these only 8 had been ordered by a physician, the other 99 bought by the children upon their own selection. Some had changed the glasses prescribed for them by a physician for stronger ones. Of the 107 only 26 neutralized the myopia, 41 were weaker, 40 stronger than the myopia. But 11 out of the number had concave glasses that were not injurious. Well might Dr. Cohn say, "If I accomplished nothing else by my whole labor than that hereafter no scholar wore a glass except by the ophthalmic surgeon's advice, I should feel amply rewarded."

Now let us see how it is with hypermetropia or over-sightedness, comparatively recently recognized as a fertile source of impaired vision. Only the manifest, namely that which could be ascertained without the use of atropine, was determined. Of the 10,060 children, 152 boys and 87 girls = 239 were over-sighted. Very differently from myopia, no increase of hypermetropia was found with increase of age or number of school terms. It varied between $\frac{1}{16}$ and $\frac{1}{4}$. Only 9 children wore convex glasses, generally strong ones, by physicians' directions. One hundred and fifty-eight of the 239 hypermetropic children squinted inwards. Among the students examined Dr. Cohn found only 15 hypermetropic, varying in degree from $\frac{1}{16}$ to $\frac{1}{4}$.

Dr. Cohn also found convergent squint in 64 children who were not hypermetropic, in 19 of whom it was complicated with other troubles which may have produced it. But in 45 cases it was unassociated with any anatomical or refractive anomaly, and 35 of these children squinted periodically, the other 10 permanently. These facts especially excited Dr. Cohn's attention, and he sought the cause. The amount of

squinting struck him at once upon entering the rooms of *certain* classes. In one of the elementary and one of the girls' high schools there were quite a number of hypermetropic scholars who squinted in consequence, and Dr. Cohn thought whether or no others who squinted periodically did not do so from imitation. This, as it seemed very doubtful and is disbelieved by many competent observers, he was not disposed to admit, till observation showed it to be true. In examining one of the girls' schools he could find no explanation of the large number of scholars who squinted without cause, that is, who were not hypermetropic, &c. One of the teachers, however, he found, squinted periodically, although her eyes were normal. She attributed the cause of it to a game much in vogue in the school, which she herself had but lately ceased playing. Many of the children every day in the recesses amused themselves by holding the fore-finger at a distance and then bringing it up close to the nose to within two inches, keeping the eyes fixed upon it. Then they removed the finger and strove to see which one could longest keep the eyes turned in. Upon further examination he found that those who squinted without cause had in this manner actually acquired the habit.

In a hundred cases of strabismus convergens, Dr. Cohn found 71 hypermetropic, 8 with other affections, and but 21 without other trouble. Granting these latter to have perhaps acquired it from imitation, we have out of 100 cases of squint, 71 dependent upon hypermetropia, thus confirming Prof. Donders's expressed views. It is with the medium degrees of hypermetropia that squint becomes associated.

How is it now with another cause of impaired vision which properly constructed glasses can correct, namely astigmatism or unequal curves of the different meridians of the cornea? Dr. Cohn found 23 astigmatic children, and only *one* wearing a cylindrical glass to correct the trouble, ordered of course by an ophthalmic surgeon.

Now then comes the question, whether any of these causes of impaired vision can be prevented or removed. If so, certainly it is our duty to teach the community what they ought to do, and how. First, then, in regard to near-sightedness. Prof. Donders said, "the cure of myopia belongs to the *pis desiderii*. The greater our knowledge of the causes of this anomaly, the less seems even any future hope of our curing it." For Dr. Cohn says, we cannot shorten the too long axis of the eye, or reduce the bulging of the posterior pole of the globe. But

we can do a great deal to prevent near-sightedness developing in those prone to it, and check it where progressive; by adequate illumination, natural and artificial, not forcing the scholars, proper type and impression, and, most of all, by seats and desks appropriately constructed. We sent from America with considerable pride our school furniture and appurtenances to the World's Fair. These were carefully examined and measured by Dr. Cohn, and like *all the others, found so arranged as to produce these evils we are speaking of*, as he has shown in the Berliner Klinischen Wochenschrift, No. 41, 1867, under title, "The school-houses at the Paris Exposition from a hygienic point of view."

With reference to the necessity of wearing proper glasses to correct near-sightedness the community seem totally ignorant; and as little appreciate that the ophthalmic surgeon *alone* can choose these properly. We regret here to add that our experience proves that a large number of practising physicians share the ignorance and prejudice of the laity.

Dr. Cohn found 9 only of the 239 hypermetropic or over-sighted children wearing glasses. Yet as he says, the sooner (even at six years of age if necessary) we give the hypermetropic a proper convex glass, the less will his power of accommodation be strained and injured. And here we cannot resist quoting the following, for it is perfectly applicable to our community:

"The hypermetropic child who has found his seeing difficult, or almost impossible, and notwithstanding repeated injunctions laid his head again upon his book, puts on unwittingly his grandfather's or grandmother's spectacles, and suddenly can now see clearly and without effort the finest print at the usual distance, asks therefore to be allowed to wear them. But the parents' fear of spectacles for young children prevents his having these so very important assistants for his work, no physician is questioned, and the child is forced to compensate for the refractive error of his eye by calling upon his whole power of accommodation."

Probably 90 per cent. of the cases of convergent squint are due to hypermetropia. But we know, as Dr. Cohn says, "An eye which squints a long time gradually loses its power of seeing, because it does not exercise vision with the other, just as the left hand is generally weaker than the right because it is less used. This is a long-known fact that should induce every teacher to prevent the scholar's squinting. Among

135 cases of permanent squint, the power of vision in the turned eye was reduced in varying degrees. We call V. (Vision) equal 1, when a type, which a normal eye can read at 20 feet, can be deciphered at this distance. If it can only be read at 10 feet then $V = \frac{20}{10} = 2$, &c. Correcting any near or over-sightedness with proper glasses, and then letting the eye armed with them read the type where it can, and we shall, if this distance is less than normal and there is no disease of the several parts of the eye, have proof that the retina is less sensitive to impression, *which is exactly the case with squinting eyes.*"

"So surely as squinting is caused by hypermetropia, so surely is it alone cured in the first stage, periodic squint, by wearing convex glasses, which neutralize the over-sightedness. If, however, the squint has become permanent, the internal straight muscle of the eye that caused the convergence becomes shortened, and soon the antagonistic muscle which turns the eye in the opposite direction is weakened and no longer able to perform its function. Hence an eye which has long turned in, finally cannot be turned out again.

"With permanent squint the correcting glasses no longer avail. Only an operation can help the patient, namely, cutting the shortened muscle of the squinting eye, when it becomes attached further back on the globe and acts then as if it had been lengthened. This operation is so perfectly safe, simple and rapid of performance, that the earlier done the better, not only to remove the deformity of the squint but to *improve the power of sight.* For as soon as the eye which has squinted resumes its motion with the other, it wholly or in part recovers its power of vision. Of the 114 permanently squinting eyes *not one had been operated on.* And not one of the 44 periodically squinting wore a convex glass. These eyes will therefore, if nothing is done to prevent the squinting, assuredly lose a considerable power of vision."

Still further, Dr. Cohn found 23 astigmatic children, only *one* of whom was wearing cylindrical glasses, and he says, "The astigmatic patient who after long searching at the optician's does not find any glass to suit him, is rejoiced to suddenly see everything clear and plainly through a cylindrical glass." A distinguished ophthalmologist, Dr. Emile Javal, of Paris, who has specially studied impaired vision from astigmatism, and is himself the subject of it, said in the *Annales d'Oculistique*, 1865, "Cylindrical glasses have completely changed my

existence; before using them I was obliged to forego all work at night, but now I read, so to speak, indefinitely by the light of a single candle." Now astigmatism does not increase with age and is almost always congenital; proper glasses, which can only be selected by a scientific ophthalmic surgeon, correct the difficulty and greatly improve vision. It is true, such selection requires long and patient examination, but the improvement of sight amply repays the time given by both physician and patient.

Finally, does all here said in reference to school children and students apply to our community? We believe from personal experience that it does, and that such extended researches as Dr. Cohn has made, if here undertaken, would prove it beyond doubt. A higher standard of education is being steadily demanded and striven for, and can be gained only by taxing the eyes more severely. It would certainly seem therefore the duty of parents, as well as all interested and occupied with the education of youth, our Boards of Education and School Committees, to assure themselves that they are doing all in their power to avert what even the community generally recognize as a growing evil, namely, the graduation of a large number of highly educated young men and young women with permanently impaired vision from unnecessary causes.

THE TREATMENT OF GONORRHOEA BY THE OILS OF THE RED, YELLOW AND WHITE SANDAL WOOD.

By HENRY H. A. Beach, M.D.

HAVING, in the fall of 1865, a number of cases of gonorrhoea under my care, and noticing in a Medical Journal a statement of the successful employment by East India physicians of the sandal wood oils in the treatment of this disease, the opportunity was used to test the remedy. Upon looking up the matter, a mention of this use of the oils was found on page 1482 of the U. S. Dispensatory for 1858.

In the first series of cases (five in number), the diet was limited, coffee and liquors prohibited, and an injection of a solution of acetate of lead, three to five grains to the ounce of water, was used. One of the patients found that imprudence in diet made little or no difference as to pain or discharge, and reported the fact to me after the disease had been cured.

Since that time I have placed no rigid restriction on diet, &c., unless the disease was complicated with bubo, orchitis or sy-

philitic symptoms. In ordinary cases when the treatment has been commenced early, five to seven days has sufficed for a cure; but if the patient has not been seen until the discharge and other symptoms were at their height, ten days or two weeks. In gleet, although the amount of discharge and inflammation might appear to correspond in different cases, the time occupied in curing it has varied much. The shortest has been six days, and the longest about six weeks, but they have averaged three weeks unless complicated with stricture, when the relief has been only temporary. In ordinary cases, after the first series, an injection of tepid water has been used three times daily. Most of the cases (over one hundred in number) have been treated with the oil of yellow sandal wood; that of the white was not found to be effective; while that of the red has been successfully used in a few cases, but the cure has not been so rapid. I have never combined the three oils in treatment, a method mentioned in the Dispensary. The best and easiest method of administration, is to drop the oil on sugar; for an ordinary case, ten drops three times daily, and for gleet fifteen drops. I have given twenty drops three times daily without any bad effects. In an article published in the Medical Mirror of Sept., 1868, p. 543, and republished in Braithwaite's Retrospect for January, 1867, "On the use of the oil of yellow sandal wood in the treatment of Gonorrhoea, by Dr. Samuel H. Purdon," he states that "in many cases I have had to discontinue its use on account of the nausea it occasioned. The odor of this oil is extremely powerful, remains on the breath, hands, &c., even after being frequently washed. It is also evident in the urine, and in one case I remarked a sickening odor emanating from the penis, and which was very annoying to the patient;" and that "Dr. Thomas Henderson, of Glasgow, states that the oil of yellow sandal wood acts as a stomachic medicine, occasioning little nausea. Has slightly any smell."

Whether or not Dr. Henderson used the oil uncombined with other agents, Dr. Purdon does not state, but he (Dr. P.), as I understand, combined it with one or more of the following, in each case:—rectified spirit; essence of cinnamon; oil of savin; copaiba and compound spirit of lavender; which I should judge might account for "the sickening odor emanating from the penis." I have found that the odor of the urine of patients who have taken the oil on sugar, is very pleasant, and even suggestive of

perfumery.* In the breath it is certainly superior to copaiba, and by ordinary care I cannot imagine that the hands will be scented. It might be made into a paste with pulverized sugar, and administered in gelatine capsules, which would be preferable to using the pure oil in that manner, as it might cause nausea by irritating the mucous membrane of the stomach. Patients who have used copaiba have told me that the oils of sandal wood were much more pleasant to take, and medical gentlemen who have used the remedy at my request have also told me that they place great confidence in its efficacy. I publish these facts as I cannot ascertain that the remedy is generally used by the profession, and my limited experience assures me that it is too valuable an agent to allow its use to be controlled by irregular practitioners.

A MODIFICATION OF CUSCO'S SPECULUM, BY WHICH IT BECOMES ALSO A RETRACTOR.

By HORATIO R. STORER, M.D.

It is thought by some practitioners that there exists an undue disposition on the part of other gentlemen to differentiate too closely the diseases that come under observation, and the instruments by which they are to be treated. As an instance in point, it has been asserted that every accoucheur feels it incumbent upon him to invent a new midwifery forceps, and every gynaecologist a speculum. The charge has to a certain extent been well founded. Fully aware, however, of the fact, I yet venture to describe a new competitor for professional favor, confident that others will obtain the same satisfaction from it that I have myself done.

The great variety of specula now in use subdivide themselves into two classes, specula proper and retractors; each useful for certain purposes, and, for some of these, indispensable. Of the several forms, cylindrical, bivalve and multivalve, almost every physician has his own favorite instrument, which he endeavors, often without avail, to make answer diverse purposes. Till now, so far as I am aware, no attempt has been made to combine these two principles, separating the speculum as such from the retractor, in a single instrument.

A year ago, I was discussing with my assistant, Dr. Stone, the features of Dr.

* Dr. Purdon makes the following statement in his own article: "This oil is at present used extensively as a perfume."

Thomas's telescopic speculum, and remarked to him that while I was averse to the unnecessary multiplication of instruments, I thought it possible to improve upon the best yet in use, which I considered Cusco's to be; that is, the straight handled form of it, for the lateral screw connecting the blades where they are made to fold, is almost sure to become entangled in the hair upon the vulva, and thus annoy one's patient. Some six months afterwards I had occasion to remove stitches from the anterior vaginal wall, after an operation for vesical fistula, and happened to have no retractor with me, I therefore directed Dr. Stone to remove the screws connecting together the blades of Cusco's instrument, and by reversing their relative position I had at once the retractor that I desired. By subsequently attaching a movable spring peg in place of one of the screws, and rendering the other one a fixed point, immediate change from the speculum to the retractor, and back again, became possible by a slight touch of the finger.

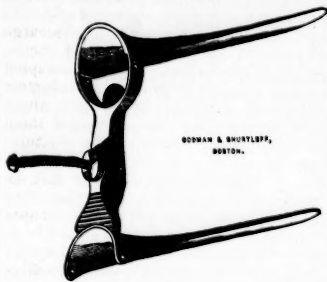
By this simple spring attachment at the side of the Cusco bivalve, as shown in the cut below, the blades may at once be dis-



joined, swung around back to back, and there fixed by a turn of the nut already existing upon the screw traversing the handles, with the effect of giving a retractor equal in working facilities to that of Sims, as made evident by the second wood-cut.

The simplicity of this instrument, which is made to do the work of two, its portability as compared with the usual retractors, its ease in use, and its moderate cost, are all strong arguments in its favor, while as a speculum it preserves the great merits, too little understood, of the Cusco instru-

ment, that its expansibility is greatest at the uterine extremity of the vagina and least at its outlet, that it at once receives the cervix without having to search for it, and that it is self-retaining.



If it is as appropriate for an inventor as for a naturalist to attach to a novelty its specific name, I would request that my instrument should be known as the Boston speculum, as I am anxious to do what little I can for the credit of my native city.

MALIGNANT PUSTULE.

THIS disease, which fortunately is of rare occurrence, is one of the most malignant and fatal of diseases, and if not arrested in its incipient stage is almost sure to prove fatal. Its origin seems to be as yet indefinitely determined: some eminent surgeons believe it to originate in a depraved state of the system, as general disease with a local manifestation. Others suppose it to have been communicated by inoculation, as the bite or sting of a fly or some insect that has recently been in contact with animal matter in a state approaching decomposition. The evidence in favor of the latter opinion is, as far as my experience goes, decidedly conclusive, as I have been able to trace it directly to the bite of a fly at a time when the system was in a state of perfect health. I have treated seven cases of it, three of which proved fatal, commencing with a small but very painful pustule; the pain was described as sharp and stinging, the swelling was rapid and hard, of the adhesive form; the system becoming gradually contaminated with the poison, rapidly sank under its influence.

The modes of cure differ with the views of different physicians, some advocating crucial incisions of the part affected, while others object to the use of the knife

altogether. I have tried all these with other modes, and am fully satisfied that the only beneficial treatment is that which withdraws the poison from the system, and arrests its progress in the early stage. The only mode of effectually accomplishing this is by the abstraction of the blood and fluids that contain the poison while it is yet confined to the point of inoculation. Incisions will accomplish this to a limited extent, but the most effectual of all remedies is the application of leeches directly to the pustule, and if applied early will effectually arrest the disease, I am confident, in every case; if one be not sufficient, a second may be applied. The bleeding should be allowed to continue for some hours, although the pain and swelling will almost immediately cease. If the disease has been allowed progress to an advanced stage, no local applications are of any benefit, cutting is out of the question. The treatment should consist in the administration of tonics and diffusible stimulants, administered in full doses, as brandy, quinine, ammonia, &c.

Z. S. BOOTH, M.D.

Jersey City, Sept. 28, 1868.

LABOR TERMINATING IN EXPULSION OF HYDATIDS.

By JAMES I. ROOKER, M.D., Castleton, Marion Co., Ind. I DEEM the following case of sufficient interest to warrant its publication.

Mrs. W—, the wife of a *mule*, married six months, called at my office for advice Dec. 12, 1867, supposing herself in the fifth month of pregnancy. For the first two months "suffered severely," from morning sickness; abdomen has gradually enlarged, and says she has had quickening for the past six weeks. From the absence of menstruation, with morning sickness, enlargement of the abdomen, and "quickening," I had no doubt of pregnancy. The indication for treatment in her case was *anæmia*. The usual remedies were prescribed, and I heard no more from her until Dec. 28th, when I was called to see her, and found her suffering from slight labor pains, coming on every half hour. *Os uteri* dilated sufficiently to admit the index finger, which came in contact with what I supposed to be the placenta. The hæmorrhage, which at this time was slight, made me fear *placenta prævia*. This was at 9, A.M. Gave an opiate, enjoined rest in the recumbent posture, and took my departure, with orders to let me know of the slightest increase in the hæmorrhage. 3, P.M., I was summoned in haste

to see her again, messenger stating that Mrs. W— was "flooding to death." I found her pulseless at the wrist, blood dropping through the bed, and quite a pool had formed on the floor. Was informed that the flooding had gradually increased for the past three hours; the pains had been regular and "labor like," up to the past half hour, when they had ceased. On making a vaginal examination, I found the os dilated to the size of a half dollar, and relaxed, blood slowly oozing away. This examination went to confirm my former opinion that I had to treat a case of *placenta prævia*, with *breech* presentation, and I feared my patient would not survive a half hour. Despatched a messenger for assistance, and my instruments; introduced immediately tents made of rags, saturated with solution of perchloride of iron; gave ergot and stimulants. In a short time could detect some pulse at the wrist, with a return of the pains. Removed the tampon, and hooked my finger over and pulled away what I supposed to be a portion of the placenta. This was followed by a discharge of about one lb. of spurious hydatids. After this the hæmorrhage principally ceased, and in fifteen minutes I had succeeded in emptying the uterus, by "piece meals," of about five lbs. of a similar substance. The vesicles were from the size of a pin head, up to that of a large grape. An abdominal bandage was applied, and in short the patient was "put to bed" in the usual way, and ordered full diet, stimulants and tonics. From this time she made a good recovery, and at the present time, Aug. 4th, 1868, is in the enjoyment of good health.

Cases of this kind are remarkably rare in rural districts, and appear to occur only in debilitated subjects.

CASE OF INTUSSUSCEPTION.

Reported by HENRY H. A. BEACH, M.D.

MALE, æt. 24. This patient had always enjoyed good health, with the exception of occasional attacks of obstinate constipation; a condition hitherto controlled by laxatives. When first seen by me, he was in a state of anxiety and distress on account of severe abdominal pain, which was deep-seated and referable to the iliac region of the left side only. There had been no fecal matter discharged for eighty-five hours, although he had taken two doses of castor oil, two pints of the solution of citrate of magnesia and repeated injections of tepid water. There had been considerable nau-

sea for the three hours before I saw him, but no vomiting. Skin cool, pulse 80 and regular. Upon making a rectal examination, there was felt at a point about three inches within the anus, a protuberance from above downwards, simulating an os and cervix uteri, and very painful when touched. The finger could not be passed into the central depression on account of its small size, but upon holding it there for a moment and withdrawing it, there was seen upon the tip a bit of fecal matter. The rectum had been made clean by the injections. He was now made to lie resting upon his knees and shoulders, the finger was again passed into the rectum and gradual but firm pressure made against the tumor for about half a minute, when it receded and there followed an immediate cessation of pain. The rectum was now injected with warm water, and the patient directed to lie upon his side until he knew that he could evacuate his rectum and then to use a bed pan, but on no account to get up. About four hours after, contrary to directions, he went from the bed, tried to defecate, and not succeeding made a powerful effort, when the "old pain returned," but much more severe than at first. Another examination was made, and the parts found as at first. He was again placed on his shoulders and knees and the protrusion reduced by the same method. In fifteen minutes a copious defecation followed. He was directed to take three compound cathartic pills; in two hours he had one more defecation, and in six hours more, another. Diet of beef tea, and rest in the recumbent position, for four days, were prescribed. After that time, he was to move his bowels regularly every day by laxative food or medicine. I saw him thirty days after, in the street; he had not been troubled again.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

MAY 2d, 1868. The Society met at the house of Dr. Cotting, at 8, P.M., the President, Dr. Putnam, in the chair.

After the incidental business of the meeting, the following cases were reported.

Partially detached Placenta at eighth month; Hemorrhage; Fetus livid and dead. Dr. Sinclair reported a case of accidental hemorrhage which occurred at the eighth month. The flowing was quite free, and

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the cervix uteri was rigid. The hemorrhage was from the centre of the placenta, as shown by the clot which was adherent to it, and which was composed of a series of very firm layers. The bleeding had raised the edge of the placenta, and found egress, after many hours. The child was more livid than usual, and dead. The placenta was only partially detached, until the birth of the child.

Hæmorrhage from Umbilical Cord.—Dr. Ayer reported a case of hæmorrhage from the umbilical cord which took place recently in his practice. The cord, in this instance, was dark and soft. It was carefully tied and dressed, in the forenoon; but, in the afternoon, he was called, and found it bleeding. The hæmorrhage appeared to come from the surface of the cord. Tannic acid was applied, but the cord bled after that, more or less, for two days. The bleeding, however, was mostly on the first day.

Hæmorrhage from Umbilical Cord in Utero.—Dr. Hooker reported a case of hæmorrhage from the cord *in utero*, and death of the child. The labor was short, lasting but two or three hours; and the placenta and cord were otherwise normal.

Detached Placenta; Death of Child and Mother.—Dr. Hooker also reported a case which he had seen in consultation. The patient was found pulseless, and the child was removed with the forceps. There was a considerable quantity of clots. These coagula were dark colored; and the placenta had probably been entirely detached half an hour previous to delivery. The child was dead, and the mother sunk in an hour.

Dr. Reynolds thought this was a strong case for the application of forceps; as by this means two lives might have been saved.

Amenorrhœa; Icterus; Purpura Hæmorrhagica; Death; Autopsy.—The following history of a case was given by Dr. Reynolds, together with an account of the autopsy. The substance of his remarks is given in brief. The patient was an ambitious young American woman, twenty-five years of age. She ceased to menstruate in July last; and subsequently became jaundiced. At times there was extravasation of blood in the skin, and beneath it. She had intense pain one night, two months previous to her death. Ecchymoses formed on the calves of the legs, and elsewhere, two or three days before death. There was vomiting, and she sank, and appeared to die from exhaustion. At the autopsy, there was found to be extensive disease of the liver. Around the ovaries, coagula were found the size of the fist; and, in the pelvis,

there was a large quantity of fluid blood. In the right ovary, there was a cyst. The patient had never been impregnated. A large gall-stone was found in the gall-bladder. The patient had bled from the mouth; and, with the jaundice, there had been intense general pruritus, for which nothing gave relief.

Subinvolution of Uterus.—Dr. Parks reported a case of subinvolution of the uterus. The patient was thirty-five years old. Five years ago, she miscarried. Since that time, has been accustomed to flow incessantly. Examination showed the cervix uteri to be enlarged. It was an inch longer than natural. This was treated with nitrate of silver and the application of issues of potassa cum calce. The anterior lip of the uterus had become thinner than usual; and during the application of the caustic and leeches, there was profuse hæmorrhage. This continued, more or less, for five or six days, when it subsided, together with the congestion. The patient subsequently regained her health, and her menses appeared. The length of treatment was from July to February.

Phlebitis with Otorrhœa.—Dr. Putnam had seen in consultation two cases of phlebitis, in both of which inflammation of the ear was one of the earliest symptoms. A lady of rather feeble health, eighth month of gestation; had kept her bed for two days on account of earache. The next day had pain, swelling and erysipelatous redness of the left arm, and subsequently of the neck and right arm. Pulse rapid and feeble. On the following day labor came on, and the child—foetus—was suddenly expelled, still-born. Death occurred within a week. At the autopsy, extensive inflammation of the veins, with purulent deposits especially about the uterus. A more minute account of this case will be given.

In the second case the disease occurred after healthy parturition. It resembled the former in being preceded by otorrhœa and grave constitutional affection. It proved fatal in three weeks, during which time several metastatic abscesses formed about the wrist and arms.

Dr. Putnam related another case of similar character, in which suppuration took place in the shoulder joint. This was also preceded by otorrhœa. The patient was a young lady previously in perfect health, unmarried. She had an attack of what seemed to be influenza attended with chills and severe earache, and constitutional symptoms. She kept in bed, and in about a week a discharge took place from the ear, and

she felt relieved. But the next day the constitutional symptoms returned, attended with pain in the ilium and shoulders. Pulse 120. On the following day pain in back of neck and shoulders, without redness or swelling. Had full opiate without relief. The pain continued so severe that she could not bear the slightest touch. Some vomiting and diarrhœa; tenderness of abdomen; slight delirium. Death on the thirteenth day.

Autopsy.—The left shoulder not changed in appearance externally, except where a blister had been applied; no fulness or softness. In the cavity of the joint were two to four drachms of thick, viscid, green pus and lymph. No redness of inner surface; cartilage thickened and rough.

Treatment, in the early stages, leeches and a blister; subsequently, quinia with opiates.

Dr. Reynolds mentioned a case of *multiple abscesses*, which occurred after confinement, in the practice of Dr. John Homans.

Dr. Sinclair inquired of Dr. Reynolds whether this was a case of phlebitis or of empyæma.

Discharge of Fluid from Uterus at end of third month.—Dr. Lyman reported the following case, to which he was called four days ago. The patient, a young married lady, at the end of the third month of pregnancy, was out shopping, when, suddenly, as she expressed herself, she was deluged by a gush of fluid. There was evidently a rupture of the membranes. There was no hæmorrhage, however, or pains; and there has been none since. There was a good deal of nervous agitation. A month ago, she had a fright, and there was a little hæmorrhage for twelve hours.

Obstinate Vomiting in second month of Pregnancy.—Dr. Putnam reported a case in which he was consulted with reference to effecting an abortion on account of excessive prostration. The condition of the patient being very hazardous, it was decided to accomplish it. To this end a sponge tent was inserted, and in twenty-four hours, there having been slight dilatation, another of larger size was introduced. The next day the cervix was soft and dilatable, but the inner os not dilated; in the meantime, however, the vomiting and general distress had lessened, and further operations were of course suspended. The patient continued to improve, and gestation progressed satisfactorily.

Dr. Putnam had known another case which had terminated in the same way, under similar treatment.

Dr. Reynolds spoke of the oxalate of cerium, which he had found very useful in such cases.

Dr. Sinclair also spoke of the good effects which he had obtained in his practice from the use of the oxalate of cerium, in the vomiting of pregnancy.

VERMONT MEDICAL SOCIETY. L. C. BUTLER, M.D.,
SECRETARY.

The Vermont Medical Society held its fifty-fourth annual meeting at Montpelier, Oct. 14 and 15, 1868. The President, Dr. C. P. FROST, of Brattleboro', occupied the chair, and the minutes were read by Dr. L. C. BUTLER, of Essex, Secretary.

Dr. Benjamin F. Buxton, of Warren, was present as a delegate from the Maine Medical Association, and Dr. N. S. Babbitt, of No. Adams, from the Massachusetts Medical Society; who were cordially welcomed by the President, and invited to participate in the deliberations of the Society. At a subsequent stage of the proceedings each of them responded very happily in behalf of their respective societies.

Dr. Conn, of N. H., and Dr. Wolff, of N. Y., being present, though not as delegates, were invited to participate in the discussions of the Society.

The following preamble and resolutions were presented and adopted:

"WHEREAS, The practice of using alcoholic drinks as a beverage yet prevails extensively among the people, and does not seem to be effectually controlled by any system of pledge-taking in vogue, or by the punitive and prohibitory legislation on our statute books;

"And whereas it belongs especially to the physician to investigate the causes of this fearful practice, so far as they may exist in the human constitution, in professional usage, or common custom, and to recommend the adoption of such sanitary regulations as shall tend to prevent or palliate the evil effects of this terrible scourge;

"Therefore, *Resolved*, That a committee of three be appointed, whose duty it shall be to report at the annual meeting of the Society, on the medical, social and civil aspects of intoxication by alcohol, and our duty as physicians in the premises, together with such suggestions as they may deem proper to be adopted by the Legislature of this State, to arrest the prevalent evil."

The committee was constituted as follows: Drs. L. C. Butler, C. A. Sperry and G. B. Bullard.

During the afternoon a letter was read

from Dr. J. M. Harlow, covering photographs of the skull of Mr. Gage, who was impaled at Cavendish, Sept. 13, 1848, by the premature explosion of a blast, propelling a tamping iron through the head. He fully recovered from the injury and died in San Francisco, California, May 21, 1861. The iron was three feet, seven inches long, one and one-fourth inches in diameter, and weighs 13½ lbs. Mr. Gage had the iron on which he was impaled, engraved with his name, day and date of the accident, and carried it with him to his death. The skull and iron are deposited in the museum of the Medical College of Harvard University.

Dr. L. C. Butler presented details of a peculiar case of *Nervo-Muscular Prostration*; one of *Cyanosis* or blue disease; and one of *long continued Vomiting*.

At 4 P.M., the Society listened to the annual address from the President, Dr. C. P. Frost, of Brattleboro'. His subject was, "The past and present in Medical Science," in which he rapidly reviewed the past in medicine, and contrasted it with the present rapid progress of the science.

The evening session was occupied in the presentation of cases, and discussion thereupon.

At the opening session on Thursday morning, the President being absent, Dr. A. S. Woodward, of Brandon, was elected President *pro tem*.

The committee on nominations made the following report, which was accepted, and the persons therein named were duly elected as officers of the Society for the year ensuing.—President, J. S. Richmond, M.D., of Woodstock; Vice-President, J. H. Hamilton, M.D., of Richford; Secretary, L. C. Butler, M.D., of Essex; Treasurer, J. E. Macomber, M.D., Montpelier; Auditor, C. M. Chandler, M.D., of Montpelier.

The committee also nominated, and the Society confirmed the following as committees and delegates to corresponding bodies.

Committee on Publication—Drs. L. C. Butler, O. F. Fassett, A. C. Welch. *Delegates*: To *New York Medical Society*—Drs. A. S. Woodward, H. C. Bartlett, M. Goldsmith. To *N. Hampshire Medical Society*—Drs. H. R. Phelps and O. E. Ross. To *Massachusetts Medical Society*—Drs. C. P. Frost, Wm. McCollum, L. C. Butler. To *Maine Medical Association*—Drs. S. R. Corey, N. W. Braley. To *Connecticut Medical Society*—G. B. Bullard, E. N. S. Morgan, A. Harding. To *Rhode Island Medical Society*—Drs. H. L. Rodimon, J. N. Stiles, C. H. Tenney. To *Connecticut River Valley Medical Society*—Drs. D. C. Moore, E.

F. Upham. To the *Medical Department University of Vermont*—Dr. W. R. Hutchinson, Henry James.

Committee on Epidemics—J. O. Crampton, A. H. W. Jackson, W. M. Huntington, E. F. Upham, S. T. Brooks, C. G. Adams, S. R. Corey, Ezra Paine, Salmon Brush, M. H. Eddy, J. B. Larned, Joseph Perkins, E. H. Pettengill, L. F. Burdick.

The Board of Councillors reported the name of Dr. N. M. Harris, of Worcester, for membership, and he was duly elected.

On motion of Dr. J. S. Richmond the following persons were appointed committee on the subjects named, to report at the next annual meeting:

On *Fractures*, Dr. S. W. Thayer, of Burlington. On *Uses and Abuses of Speculum*, Dr. A. T. Woodward, of Brandon. On *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro'. On *New Remedial Agents*, Dr. L. C. Butler, of Essex.

The following persons were elected Honorary Members of the Society: Ashbel Woodward, M.D., of Connecticut; Walter Burnham, M.D., of Massachusetts; Hiram Corliss, M.D., of N. York; G. P. Conn, M.D., of New Hampshire.

An obituary notice of Dr. A. A. Atwood, of Sharon, was presented by Dr. Phelps, of Barnard.

The names of Drs. Benjamin F. Buxton, of Maine, and N. S. Babbitt, of Massachusetts, were presented for election as Honorary Members of the Society.

The place of the next annual meeting was fixed at Brandon, on the first Wednesday and Thursday of June, 1869.

Bibliographical Notices.

The Indigestions; or Diseases of the Digestive Organs functionally Treated. By THOMAS KING CHAMBERS, Honorary Physician to H.R.H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician to the Lock Hospital, Author of "Lectures chiefly Clinical," &c. Second American from the Second and Revised London Edition. Philadelphia: Henry C. Lea. 1868. Pp. 319.

Dr. CHAMBERS'S book is so widely known, and has been so generally and favorably commented on by the medical press, that an extended notice of this second edition seems almost superfluous. It is but a short time since the first edition appeared, and

the fact that a second has so soon been required says more for the estimation in which the book is held by the profession than can any individual commendation. The book is mainly the same as when it first appeared, but "a few cases which seemed more illustrative of the matter in hand than those previously quoted," have been added.

"The name 'indigestion,' or 'dyspepsia,' speaks to the mind of the physician of a very large class of morbid phenomena, various in their nature and appearing under a great variety of circumstances." Dr. Chambers has therefore devoted several pages to a careful explanation of the meaning he intends to convey by this term; he considers "that all disease is for the physician essentially a deficiency of life, an absence of some fraction of the individual organization of force, and that all successful medical treatment must aim at a renewal of vital action." The importance of attention to the condition of the digestive organs in all forms of disease, inasmuch as it is through these that we must mainly act, is strongly and forcibly argued, and we believe few can fail to be convinced by the author's reasoning.

The division of cases of indigestion into different classes, according as the starchy or saccharine, albuminoid, fatty, or watery constituents of the food are least easily assimilated, seems to us extremely practical, as having a direct bearing on the treatment; and in the consideration of these classes the second chapter is taken up.

The third chapter treats of the Social Habits leading to Indigestion; and here, while the tendency of so many writers of the present day is to make the uterus responsible for all the disorders of the female sex, we cannot refrain from quoting the following passage from our author. Speaking of the evils of tight-lacing and the difficulty of persuading any woman to confess to it, he says:—"And I suspect that such is the case with a large proportion of the cases of habitual vomiting, soreness of epigastrium, of hæmatemesis, of ulceration of the mucous membrane, flatulence and hysteria which come before us. These symptoms are most common in the other sex—why? because their reproductive organs differ from ours? Surely not, or we should find the same peculiarity universal among females throughout the animal kingdom, or at least throughout mammals. Yet we read in veterinarian pathology no hint of a distinction between the stomachs of our bulls and of our cows. Is it not more reasona-

ble to conclude that the important difference lies in the clothes, which we can see, rather than in some mysterious invisible influence of the generative viscera over the digestive, of which there is no evidence?"

The remainder of the volume comprises chapters on Abdominal Pains, Vomiting, Flatulence, Diarrhoea, Constipation and Costiveness, and Nerve Disorders connected with Indigestion.

The best feature of the work is its directly practical character, which stands forth prominently throughout. About one half of the contents of the volume is made up of reports of cases, exemplifying the different characteristics by which indigestion shows itself, and the various causes which may give rise to it. These cases form a sort of ground-work, and the comments of the author for which they give occasion are everywhere marked by sound common sense. The style is easy, flowing and pleasant, and the reader is led on insensibly without any feeling of weariness.

In conclusion, we must warmly commend the book to our readers, and we feel sure that no one will regret the time spent in its careful perusal.

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 5, 1868.

THE WINTER LECTURE COURSES.

THIS is the established week for the opening of our medical school in Boston, and of many of the other Colleges throughout the country. To many young men it is the turning point which marks their adoption of the medical profession. We wish that some counsellor far older than ourselves could say to every candidate, "Pause and consider well two points: Are you sure you have a liking, a predilection for medicine? Are you sure you are in earnest?" If he cannot answer affirmatively, he had better stop now, and once for all. If he has not the ardor of science, the love of his art, he loses the only stimulus which can raise him above the mercenary quack, and the only solace which can make medical life—that "saddest of trades"—endurable.

If he is not in earnest, he will never succeed in the medical profession, but will be pushed aside by those who are, and will

soon be sunk out of sight among the crowd of idlers, who make the name of Doctor a pretext for a life without effort, as it is without success.

About one thousand young men are yearly collected in the medical schools of London, and about as many in Paris. These represent the *bulk* of the material furnished by the whole of England and of France. Not so in this country. New York and Philadelphia have usually nearly one thousand each; Boston has between 300 and 400; Ann Arbor as many; Chicago, St. Louis, Cincinnati, Louisville, Washington, Baltimore, New Orleans, each have large schools; and the minor Colleges scattered over the country are to be counted by the dozens.

While we should consider that a sparsely populated region requires more physicians to each five hundred inhabitants than one densely inhabited, yet we cannot but believe that the annual supply of young medical graduates in the United States is far in excess of the demand. While this is so, the competition must be more close, and many must be pushed to the wall. Many, also, virtually leave the profession, and engage in other pursuits.

RESIGNATION OF DR. STORER.

MESSRS. EDITORS,—As the time has come for the winter course of lectures at the Massachusetts Medical College, I will ask you to find a place in your columns for the following letter, signed by the members of the medical Faculty and sent only when, being convinced that their colleague could not be induced to withdraw his letter of resignation, they yielded to his desire of retiring from a post of duty in which he had labored so faithfully and successfully. The friends of the College will thus learn with what regret the announcement of the retirement of one whose name stands first on the list of professors was received by his colleagues, and will understand the delay caused by reluctance to part with him.

Geo. C. SHATTUCK,
Dean of the Med. Faculty.

To Prof. D. H. Storer, M.D.,

DEAR FRIEND AND COLLEAGUE,—It is with great regret that we, the members of the Medical Faculty, have received your note stating that you have sent your resignation to the Corporation. We had hoped to continue long to profit by your services and to

enjoy your companionship. We trusted that you would share with us the pleasure of seeing our institution, so long and deeply indebted to your labors, flourishing and extending still further its usefulness and reputation.

You will carry with you the kindest remembrances of your colleagues and the recollection of services which we all feel to have been of the highest value to the cause of medical education. We are sure that nothing will ever impair your interest in the medical school and the university, on the roll of whose honored instructors your name will stand recorded, when the edifices which now shelter their students shall have all crumbled in ruin. You will still remain, as we confidently believe, the friend and counsellor of those with whom you have been so long associated.

As a teacher you have been earnest, interesting, instructive, indefatigable; as Dean, attentive to every duty, and ever watchful for the welfare of the students; as a colleague, always kind and courteous; in all things conscientious and devoted.

This is our record in simple truth and justice.

Accept our kindest wishes at parting, and believe us very sincerely your friends.
(Signed by the members of the Faculty.)

Dr. Charles E. Buckingham, Adjunct Professor of Theory and Practice, has been appointed by the Corporation to the vacant chair of Obstetrics and Medical Jurisprudence. We feel sure that this appointment will commend itself to the medical profession; and that, by availing itself of the recognized practical ability and knowledge of Dr. Buckingham in this department, the University will lose none of its reputation.

CASE OF LYMPHORRAGE.—Dr. Scholz relates a curious case observed during the present year in one of the Vienna garrison Hospitals. Its subject was 22 years of age, and from his second year had been liable to irregularly periodical discharges of a clear fluid from the right inguinal region. There were observed on his admission, two cicatrices of old abscesses long since healed, and, towards the inner surface of the thigh, some twenty vesicles the size of a pin's head, which on puncturing discharged a clear fluid. The patient stated that every week or fortnight one or more of these vesicles would burst and continue to discharge fluid for from one to three days. No ab-

normal condition of the limb or of the skin existed. While he was in the hospital the secretion began to be discharged from one of the vesicles, on March 12, and continued to flow for sixteen hours. On the 15th, another vesicle was opened with a needle, but the discharge that ensued soon ceased. But on the 21st, i. e. nine days from the 12th, it re-appeared spontaneously, and flowed continuously for forty-four hours. A portion was collected in watch-glasses, and it was calculated that during the forty-four hours between nine and ten ounces must have been discharged. Eleven days later (April 3), it re-appeared, and continued during thirty-six hours, nearly sixteen ounces flowing away. The flow took place from so minute an opening that it was quite invisible, and could not be penetrated by a bristle. The fluid when discharged was quite clear and colorless, and after long standing a soft white coagulum separated from it. It contained much albumen, manifested a strong alkaline reaction, and showed under the microscope a few lymph-corpuscles. Dr. Scholz gives a summary of the cases resembling this which have been recorded.—*Med. Times and Gazette.*

ON HOT BATHS AS A CAUSE OF TRISMUS NASCENTIUM.—Dr. Reher makes a very curious communication on this subject. For some time past Dr. Busch, of Elbins, Prussia, had observed fatal trismus of new born infants occur with great frequency in his practice, he having met with no less than twelve such cases in three years and a half. On inquiry, it was found that other practitioners had met with similar cases, although in less numbers. All the cases were found to have been the infants of mothers attended by one and the same midwife, the most employed one in the place. Together, the Doctors reckoned up thirty-seven cases in 1863—sixty-five in a population of 27,000, and on the midwife herself being questioned, she gave a much more alarming statement, as she said many had died before there had been time to send for a Doctor. She admitted, in fact, that in 380 confinements she had attended during 1864-65 she had met with ninety-nine cases—every third or fourth child, in fact, dying of trismus. In 1866 and 1867 numerous cases still occurred, although attention had been drawn to the matter and the practice of this midwife scrutinized. It eventually turned out that the cause of the mischief was the practice which the midwife had of placing the infants immediately after birth in baths far too hot;

and the reporter suggests whether the screams which infants often emit during washing may not be due to the water employed being too hot for the purpose, although not sufficiently so to induce such serious results as here adverted to.—*Med. Times & Gazette.*

PROLONGED SUPPRESSION OF URINE.—Dr. Gallina, of Leno Bresciano, mentions (*Gazzetta Med. Ital. Lombardia*) the following remarkable case: A mother, aged 27, married, applied to him for treatment after suffering for five months from amenorrhœa and leucorrhœa, and had not passed any urine for the previous twenty-four hours. He removed by the catheter a few drops of dark coffee-colored fluid. For the next eight days no urine appeared, and leeches were applied to the perinæum and the nitrate of urea given. Leeches and tepid baths were constantly made use of until the patient reached the twenty-fifth day of suspension, when she consulted Dr. Albertini, of the Milan Hospital. Her general health had not suffered. After a careful examination of two hours, nothing could be detected amiss aside from the absence of a secretion of urine. Professor Rodolf, of Brescia, was also called in consultation, and was persuaded that the suspension was due to amenorrhœa. Emmenagogues were given, which produced the menstrual flux. Six hundred grammes of urine were drawn off by the catheter on the forty-third day after the suspension. The day after the withdrawal of the urine it passed spontaneously, and continues to do so at last accounts, her health not having suffered from this prolonged suspension.—*Med. Record.*

TURPENTINE AS AN ANTIDOTE TO PHOSPHORUS. The *Archives Gén. de Médecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup, containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition and even the phosphorescence of phosphorus, but the practical application of this knowledge is not so generally adopted as it should be.

POISONING BY ABSORPTION OF CARBOLIC ACID.—E. S. Machin, Esq. (*British Med. Jour.*) refers to three cases of itch where the parts

were dressed with carbolic acid and symptoms of poisoning ensued, consisting of smarting pain at the point of application, headache, and coma. Two of the patients actually died, and the third was only rallied with considerable difficulty. The acid used was that known as Calvert's, and about six ounces were employed upon the three cases.

SCARLET FEVER.—The Register General's returns show such a prevalence of this disease that the public begins to feel uneasy. We believe the type of the present epidemic is unusually mild. It is right, however, to repeat that too much caution cannot be used. Scarlet fever is not a disease of the poor. It cuts off the children, and sometimes the adults, of the richest household. That pestilent word, scarlatina, too often misleads. People fancy it is a different disease. It is no such thing. The mildest attack may give off the contagium that results in the most severe. Complete separation of every one attacked from the commencement is of great importance, and carbolic acid, chloride of lime, and Condy's fluid should all be employed. Every sore throat during the epidemic should be regarded with suspicion, and submitted to the inspection of the doctor. It is a disease which, if the public would help, we might yet "stamp out." The burning of the sulphur pastilles, introduced by Dr. Fairman, is good both as a preventive and a curative measure.—*Med. Press and Circular.*

PROFESSORS PANCOAST AND GROSS, of Philadelphia, having lately returned from a tour abroad, the occasion was considered a favorable one to show honor to these distinguished men, and accordingly a public reception took place at the Academy of Music, in that city, on Saturday evening, the 24th ult. The greeting of welcome was delivered by Dr. A. Hewson, and was responded to by the two Professors—the addresses of each being eloquent and appropriate. Addresses were also made by Governor Pollock, Daniel Dougherty, Esq., Dr. Sayre of New York, Dr. Doyle and others. The whole entertainment is represented as excellently arranged and harmoniously carried out, and reflects credit upon all the parties concerned.

PROFESSOR BROCA.—M. Broca, Professor of Surgical Pathology at the Faculty of Medicine, has just been nominated Professor of Clinical Surgery.

Selections and Medical Items.

RIGHTS OF MEDICAL EXPERTS AS WITNESSES.—In the Police Court of Sacramento, during the trial of a case of alleged crime, a medical witness, Dr. Simmons, was called on by the defence to testify as to his knowledge of the facts of the case, which he did accordingly. His opinion was then demanded, as an expert, with regard to the mental condition of the defendant at the time of the alleged crime. The doctor answered very properly, that he had already declared all he knew in the case, but would decline giving an opinion as an expert until he was paid an honorary fee. The Court over-ruled the objection, and required his opinion, which he still declined to give; whereupon he was placed nominally under arrest for contempt, for the purpose of having the question settled by a higher court. It is desirable that physicians everywhere take the same course. It is enough for them to spend their time hanging about court-rooms from day to day as ordinary witnesses. This they will do as good citizens, great as the sacrifice often is. Beyond this, their professional knowledge, which forms their capital in business, is personal property; and courts have no more right to it than to their professional services in other directions, or to the professional services of lawyers, or the manual skill of mechanics. It is not to be inferred that physicians are wanting in liberality when they take this ground, or that the value of the fee is the main purpose. The question is one of principle, and may almost be put in this form: As physicians already spend three fourths of their time in waiting on the poor and serving the public, without pay, has not this same generous public, through the courts, a legitimate claim on the remaining fraction of their time and services? That "one good turn deserves another," is not, we believe, a maxim of law, in its sinister sense, or in any sense. And yet the impression seems to prevail that because the services of medical men can always be had, on call, for the poor, or in emergencies, without consideration of pay, therefore they have no reasonable claim for compensation under any circumstances, and should accept every dollar vouchsafed to them for their services with humility and thanksgiving. Justice to themselves and to each other, and regard for the younger members of the fraternity, require that this idea of the unmixing and unqualified philanthropy of the profession should be narrowed down in some degree—enough at least to let in dollars and cents for the purchase of bread. We have little fear of an adverse decision in the case of Dr. Simmons. A similar case was lately decided in Chicago in favor of the physician. The habits and interests of lawyers would naturally lead them to a correct view of the question in the abstract. And it is only when he finds himself bound by his position to take a different view, or when he feels proud of his skill in carrying a wrong point, that a lawyer would be likely to oppose the claim of a medical expert for compensation.—*Pacific Medical and Surgical Journal*.

STATISTICS OF SPAIN.—The distinguished statistician, Don Ramon de la Sagra, furnishes the following statistics of Spain during the year 1866:

Total population, 15,800,000. Rate of births, 1 to 26; proportion of sexes, 51-65 boys to 48-35 girls. In every 19 births, one was illegitimate; proportion of marriages, 1 to 112 inhabitants. The average number of children to each marriage, as near as can be estimated, is 4-6. Deaths were 1 to 34 of the whole population, 1 to 28 in the cities; 503 of the deaths out of 1000 were under 6 years of age.—*Med. & Surg. Reporter*.

THE Forty-second Congress of German Naturalists and Physicians is now sitting at Dresden, where the royal riding school, properly fitted up for the purpose, has been liberally granted by the government. It was opened in the presence of the Crown Prince Albert, the State Ministers von Falkenstein and van Nostiz and a number of celebrities. The opening speech by the venerable President, Court Councillor, Dr. Caras, of Dresden, member since 1822, greeted in appropriate terms the assembly.—*Ibid*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary. WEDNESDAY, 10, A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS. FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary. SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

NOTICE.—The publishers regret to find, that by some unexplained oversight in mailing the copies of the JOURNAL for last week, several of the number for the week previous were sent out instead of the right number. As we have no means of knowing who of our subscribers have been thus annoyed, we must wait for information from them before the mistake can be rectified. We must also ask them to preserve for the present the numbers wrongly sent, as in case these should prove to be numerous we shall be obliged to ask the favor of their return, in order to keep the files of the volume complete.

TO CORRESPONDENTS.—Communication accepted—Ligature of Popliteal—Climate in Consumption—A case of long-continued Vomiting.

BOOKS AND PAMPHLETS RECEIVED.—Third Edition of Flint's Principles and Practice of Medicine. 8vo. Pp. 1002. Philadelphia: Henry C. Lea, 1868.—Vol. xix. Transactions American Medical Association.—Two Cases of Oesophagotomy. By Dr. W. Cheever, M.D. Second Edition. 8vo. Pp. 78. Boston: James Campbell, 1868.—Retinitis Nycticalopia. By Prof. Dr. Arlt, of Vienna. Translated, with consent of the Author, by J. F. Wightman, M.D., Philadelphia.

DEATHS IN BOSTON for the week ending Saturday noon, October 31st, 64. Males, 53.—Females, 41.—Abscess, 2—accident, 2—apoplexy, 2—inflammation of the bowels, 2—congestion of the brain, 2—disease of the brain, 2—bronchitis, 1—cancer, 2—cancerum oris, 1—consumption, 17—convulsions, 4—croup, 4—dellidly, 4—diarrhea, 1—dropsy, 5—dropsy of the brain, 3—dysentery, 1—scarlet fever, 1—typhoid fever, 3—disease of the heart, 5—homicide, 1—disease of the kidneys, 2—laryngitis, 1—inflammation of the lungs, 7—malformation, 1—marasmus, 1—measles, 1—old age, 1—peritonitis, 3—pleurisy, 1—premature birth, 1—puerperal disease, 1—disease of the stomach, 1—tabes mesenterica, 1—unknown, 7.

Under 5 years of age, 31—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 23—above 60 years, 9. Born in the United States, 58—Ireland, 19—other places, 17.